

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>1-6-94</u>		2 Serial/Patent # <u>07/910155</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
Filing	1	14 JUL 42	\$ 120							
Amendment			\$							
Extension of Time			\$							
Notice of Appeal/Appeal			\$							
Petition			\$							
Issue			\$							
Cert of Correction/Terminal Disc.			\$							
Maintenance			\$							
Assignment			\$							
Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 120							
8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check								
<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<u>EPaid the Search</u>		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> </tr> </table>		1	1	--	0	6	0	0
1	1	--	0	6	0	0				
11 REFUND REQUESTED BY: <u>P. Kidwell</u>										
TYPED/PRINTED NAME: <u>Cathy Short</u>		TITLE: <u>Supervisor</u>								
SIGNATURE: <u>P. Kidwell for C. Short</u>		PHONE: <u>3053165</u>								
OFFICE: <u>PC1</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>1/27/94</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: